

Application Data Sheet 37 CFR 1.76		Attorney Docket Number	P08599US00/BAS
		Application Number	10/528,833
Title of Invention	METHOD FOR ASSAYING REPLICATION OF HBV AND TESTING SUSCEPTIBILITY TO DRUGS		
<p>The application data sheet is part of the provisional or nonprovisional application for which it is being submitted. The following form contains the bibliographic data arranged in a format specified by the United States Patent and Trademark Office as outlined in 37 CFR 1.76.</p> <p>This document may be completed electronically and submitted to the Office in electronic format using the Electronic Filing System (EFS) or the document may be printed and included in a paper filed application.</p>			

Secrecy Order 37 CFR 5.2

- ☐ Portions or all of the application associated with this Application Data Sheet may fall under a Secrecy Order pursuant to 37 CFR 5.2 (Paper filers only. Applications that fall under Secrecy Order may not be filed electronically.)

Applicant Information:

Applicant 1				
Applicant Authority		<input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117
		<input type="radio"/> Party of Interest under 35 U.S.C. 118		
Prefix	Given Name	Middle Name	Family Name	Suffix
	David		DURANTE	
Residence Information (Select One) <input type="radio"/> US Residency <input checked="" type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
City	GENAS		Country Of Residence	FR
Citizenship under 37 CFR 1.41(b)		FR		
Mailing Address of Applicant:				
Address 1		3, Impasse Melquior		
Address 2				
City	GENAS		State/Province	
Postal Code	69740		Country	FR
Applicant 2				
Applicant Authority		<input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117
		<input type="radio"/> Party of Interest under 35 U.S.C. 118		
Prefix	Given Name	Middle Name	Family Name	Suffix
	Sandra		DURANTE	
Residence Information (Select One) <input type="radio"/> US Residency <input checked="" type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
City	GENAS		Country Of Residence	FR
Citizenship under 37 CFR 1.41(b)		FR		
Mailing Address of Applicant:				
Address 1		3, impasse Melquior		
Address 2				
City	GENAS		State/Province	
Postal Code	69740		Country	FR
Applicant 3				
Applicant Authority		<input checked="" type="radio"/> Inventor		<input type="radio"/> Legal Representative under 35 U.S.C. 117
		<input type="radio"/> Party of Interest under 35 U.S.C. 118		
Prefix	Given Name	Middle Name	Family Name	Suffix
	Christian		TREPO	
Residence Information (Select One) <input type="radio"/> US Residency <input checked="" type="radio"/> Non US Residency <input type="radio"/> Active US Military Service				
City	BRON		Country Of Residence	FR

Application Data Sheet 37 CFR 1.76		Attorney Docket Number	P08599US00/BAS
		Application Number	10/528,833
Title of Invention	METHOD FOR ASSAYING REPLICATION OF HBV AND TESTING SUSCEPTIBILITY TO DRUGS		

Citizenship under 37 CFR 1.41(b)		FR	
Mailing Address of Applicant:			
Address 1		4, Passage du Verdier Sud	
Address 2			
City	BRON	State/Province	
Postal Code	69500	Country	FR

Applicant 4			
Applicant Authority		<input checked="" type="radio"/> Inventor <input type="radio"/> Legal Representative under 35 U.S.C. 117 <input type="radio"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name	Middle Name	Family Name
	Fabien		ZOULIM
Residence Information (Select One) <input type="radio"/> US Residency <input checked="" type="radio"/> Non US Residency <input type="radio"/> Active US Military Service			
City	DARDILLY	Country Of Residence i	FR

Citizenship under 37 CFR 1.41(b)		FR	
Mailing Address of Applicant:			
Address 1		5, rue du Paillet	
Address 2			
City	DARDILLY	State/Province	
Postal Code	69570	Country	FR

All Inventors Must Be Listed - Additional Inventor Information blocks may be generated within this form by selecting the Add button.		<input type="button" value="Add"/>
--	--	------------------------------------

Correspondence Information:

Enter either Customer Number or complete the Correspondence Information section below. For further information see 37 CFR 1.33(a).	
<input type="checkbox"/> An Address is being provided for the correspondence Information of this application.	
Customer Number	00881
Email Address	iplaw@stites.com
<input type="button" value="Add Email"/>	<input type="button" value="Remove Email"/>

Application Information:

Title of the Invention	METHOD FOR ASSAYING REPLICATION OF HBV AND TESTING SUSCEPTIBILITY TO DRUGS		
Attorney Docket Number	P08599US00/BAS	Small Entity Status Claimed <input type="checkbox"/>	
Application Type	Nonprovisional		
Subject Matter	Utility		
Suggested Class (if any)		Sub Class (if any)	
Suggested Technology Center (if any)			
Total Number of Drawing Sheets (if any)		Suggested Figure for Publication (if any)	

Application Data Sheet 37 CFR 1.76		Attorney Docket Number	P08599US00/BAS
		Application Number	10/528,833
Title of Invention	METHOD FOR ASSAYING REPLICATION OF HBV AND TESTING SUSCEPTIBILITY TO DRUGS		

Publication Information:
☐ Request Early Publication (Fee required at time of Request 37 CFR 1.219)

Request Not to Publish. I hereby request that the attached application not be published under 35 U.S.C. 122(b) and certify that the invention disclosed in the attached application **has not and will not** be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.

Representative Information:

Representative information should be provided for all practitioners having a power of attorney in the application. Providing this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1.32). Enter either Customer Number or complete the Representative Name section below. If both sections are completed the Customer Number will be used for the Representative Information during processing.

Please Select One:	<input checked="" type="radio"/> Customer Number	<input type="radio"/> US Patent Practitioner	<input type="radio"/> Limited Recognition (37 CFR 11.9)
Customer Number	00881		

Domestic Benefit/National Stage Information:

This section allows for the applicant to either claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c) or indicate National Stage entry from a PCT application. Providing this information in the application data sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CFR 1.78(a)(2) or CFR 1.78(a)(4), and need not otherwise be made part of the specification.

Prior Application Status	Remove		
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)
10528833	a 371 of international	PCT/EP03/12398	2003-09-26
Additional Domestic Benefit/National Stage Data may be generated within this form by selecting the Add button.			

Foreign Priority Information:

This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).

Remove			
Application Number	Country ¹	Parent Filing Date (YYYY-MM-DD)	Priority Claimed
02356188.9	EP	2002-09-27	<input checked="" type="radio"/> Yes <input type="radio"/> No
Additional Foreign Priority Data may be generated within this form by selecting the Add button.			

Assignee Information:

Providing this information in the application data sheet does not substitute for compliance with any requirement of part 3 of Title 37 of the CFR to have an assignment recorded in the Office.

Assignee 1

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Application Data Sheet 37 CFR 1.76		Attorney Docket Number	P08599US00/BAS
		Application Number	10/528,833
Title of Invention	METHOD FOR ASSAYING REPLICATION OF HBV AND TESTING SUSCEPTIBILITY TO DRUGS		

If the Assignee is an Organization check here. ☒

Organization Name INSTITUT NATIONAL DE LA SANTE ET DE LA RECHERCHE MEDICALE (INSERM)

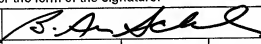
Mailing Address Information:

Address 1		101, Rue de Tolbiac	
Address 2			
City		PARIS	State/Province
Country	FR	Postal Code	75013
Phone Number		Fax Number	
Email Address			

Additional Assignee Data may be generated within this form by selecting the Add button.

Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.

Signature			Date (YYYY-MM-DD)	2008-12-22
First Name	B. Aaron	Last Name	Schulman	Registration Number
			31877	

This collection of information is required by 37 CFR 1.76. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 23 minutes to complete, including gathering, preparing, and submitting the completed application data sheet form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.